93)		THIS SPACE IS FOR
UNITED STATES BANKRUPT COURT	PROOF OF CLAIM	COURT USE ONLY
District of District of Idaho (Boise)	Chapter (please check the approiate box)	
Instructions: Complete this form and mail to: US Bankruptcy Court 550 West Fort MSC 042 Computerized Case Info (208) 334-9386 Boise, ID 83724	7[] 11[X] 12[] 13[] Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on chapter 12 and 13 cases	U.S. COURTS 1996 DEC 23 PM 3 01 EC'D FILED CAMERON S. BURKE. CAMERON S. BURKE.
In re (Name of Debtor) Sawtooth Enterprises Inc	Case Number: 96-03050 - ach	CLERK S. IDAHO
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor ewes money or property) Joan Donnelly Graphic PO Box 3946 Ketchum ID 83340	NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	Check here if this claim preplaces a previously filed claim, dated :	
1. BASIS FOR CLAIM: M Goods Sold M Services performed [] Money Loaned [] Personal injury/ wrongful death [] Taxes [] Assignment [] Retiree Benefits as defined in 11 USC Sec 1114(a) [] Wages, salaries, and compensation: Social Security #:		
2. DATE DEBT WAS INCURRED 6/19/96	3. IF COURT JUDGMENT, DATE OBTAINE	D:
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: a. Secured. b. Unsecured nonpriority, c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES below that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
SECURED CLAIM \$		3.C. \$ 507(a)(4)
UNSECURED CLAIM \$ 395. 49 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	property or services for personal, family, or househo (507)(a)(6)(1) or support owed to a spouse, former spouse, or chi 11 U.S.C. § 507(a)(7) Taxes or penalties of governmental units—11 U.S.C. § Other-Specify applicable paragraph of 11 U.S.C. §	Alimony, maintenance. Id— C. § 507(a)(9)
5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: \$ 36.49 (Unsecured) \$ (Secured) \$ (Priority) \$ (Total) [] Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.		
6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase or contracts, contracts, court judgments, or evidence of security interests to exist a support of the documents are not available, explain. If the documents are voluminous, attach a summary.		
DATE: 12-17-96 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attemey, if any) Charles JOAN M. DONNELY GWNer/ designer Telephone No: 208-726-5438		